

Aid To The Blind - Remedial Care Eligibility Factors

Service Chapter 400-32

**North Dakota Department of Human Services
600 East Boulevard Dept. 325
Bismarck, ND 58505-0250**

AID TO THE BLIND - REMEDIAL CARE ELIGIBILITY FACTORS

Division 10

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Aid to the Blind - Remedial Care 400-32

General Statement (ABR) 400-32-01

(Revised 10/15/10 ML #3248)

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The Aid to the Blind - Remedial Care (AB-R) Program is established under North Dakota Century Code Section 50-24.1-06 state law as a supplementary, state financed program to meet treatment needs of individuals who are in danger of losing their vision or require restorative eye services.

Aid to the Blind - Remedial Care funds shall be available only for those people who have:

- a. Emergent sight threatening pathology (400-32-09) that will lead to blindness if not treated immediately (e.g. retinal detachment) regardless of the vision in the other eye; **OR**
- b. Pathology requiring elective remedial therapy, where the better eye is less than 20.50 best corrected visual acuity (e.g. senile or age-related cataract).

This program is for short duration and not intended as a maintenance program.

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Scope and Coverage of Aid to the Blind - Remedial Care 400-32-03

(Revised 12/01/03 ML #2896)

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The program is a resource to persons over age 21 and under age 65 who cannot qualify for the Medicaid Program.

No application for aid to the blind under the provisions of this chapter shall be approved until the applicant has been examined by an ophthalmologist, physician skilled in the diseases of the eye, or optometrist designated or approved by the Department to make examinations. The examining ophthalmologist, physician skilled in the diseases of the eye, or optometrist shall certify in writing, the findings of the examination. A recipient of aid to the blind under the provisions of this chapter shall submit to a re-examination as to his or her eyesight when required to do so by the Department. He or she also shall furnish any information required by the Department.

Services provided under the Aid to the Blind - Remedial Care Program include: Examination and treatment provided by an ophthalmologist; hospitalization for eye treatment and/or surgery; drugs for treatment of the eye; glasses and artificial eyes, including the services provided by optometrists and optical companies in relation to fitting and dispensing such appliances. Prior approval is required before receiving recommended treatment unless it is an emergency situation.

Remedial eye care does not include treatment of diseases causing impairment or loss of eyesight such as diabetes, high blood pressure, etc., nor is the program intended to meet the costs of ordinary eye examinations, eyeglasses, physical examinations, or travel and other expenses necessary to receive treatment.

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Denial or Withdrawal of Assistance When Treatment Refused 400-32-05

(Revised 2/02 ML #2776)

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Assistance to the Aid to the Blind - Remedial Care Program may be denied to, any person who refuses medical, surgical, or other treatment when such person, or his or her eyesight, may be restored partially or wholly by such treatment, and a certificate in writing to that effect is made by the examining ophthalmologist or physician. Any person who is denied assistance or whose assistance is withdrawn upon this ground may appeal to the Department in the manner provided for other recipients of benefits under North Dakota Century Code, Chapter 50-24.1.

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Eligibility Factors (ABR) 400-32-07

(Revised 4/1/11 ML #3268)

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Financial eligibility for Aid to the Blind - Remedial Care Program will be determined by applying the Medicaid eligibility factors, as specified in Service Chapter 510-05.

Medical eligibility for Aid to the Blind - Remedial Care Program is established in exactly the same manner as provided for under the blind component of Medical Assistance as described in Service Chapter 510-05, par. 05-35-100. Accordingly, refer to that section of the manual for the procedure relative to certification of all Aid to the Blind - Remedial Care Program applications. The authorization for the initial examination and all subsequent authorizations for Aid to the Blind - Remedial Care Program are issued in the state office, but the county social service board must request all authorizations for the specific treatment of the eye condition.

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Emergency Eye Treatment 400-32-09

(Revised 2/02 ML #2776)

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It is important to emphasize the need for immediate action in situations where an accident or sudden onset of an eye diseases may cause rapid deterioration or permanent damage to a person's eye. Emergency situations can be dealt with promptly and facilitate the provision of treatment by initiating a telephone call to the Department.

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Confidentiality (ABR) 400-32-11

(Revised 2/02 ML #2776)

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All applications, information, and records concerning any applicant or recipient of Medicaid shall be confidential and shall not be disclosed or used for any purpose not directly connected with the administration of the Medicaid Program. Application, information, and records may not be released to elected officials or to any other person not directly connected with the administration of the Medicaid Program. Refer to Service Chapter 449-01 through 449-13 for additional guidelines.

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Nondiscrimination of Assistance Programs 400-32-13

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The Department of Human Services makes available all services and assistance without regard to race, color, religion, national origin, age, sex, political beliefs, disability, or status with respect to marriage or public assistance, in accordance with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, the Americans with Disabilities Act of 1990, and the North Dakota Human Rights Act of 1983. Persons who contract with or receive funds to provide services for the North Dakota Department of Human Services are obligated to abide by the provisions of these laws. The Department of Human Services makes its programs accessible to persons with disabilities.

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Application and Redetermination 400-32-15

(Revised 2/02 ML #2776)

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1. All individuals wishing to make application for Aid to the Blind - Remedial Care Program must have the opportunity to do so, without delay.
2. An application is a written request on SFN 405, "Application for Assistance."
3. An application must be in writing and signed on a prescribed application form.

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Decision and Notice (ABR) 400-32-15-01

(Revised 4/1/04 ML #2920)

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1. A decision as to eligibility will be made promptly on applications, within forty-five days. When these time periods are exceeded, the case must contain documentation to substantiate the delay.
2. Following a determination of eligibility or ineligibility, all applicants must be notified in writing of either approval or denial for the Aid to the Blind - Remedial Care Program. These forms are listed on eforms.
 - SFN 411 – Denial with Appeal Notice
 - SFN 412 – Approval with Appeal Notice
 - Budget worksheet – SFN 687 should be used to enter Monthly RL on SFN 412.
 - Copies to State, Recipient, and County.
3. A decision as to eligibility on redeterminations will be made within thirty days and must be done at least annually.

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Ten-Day Advance Notice to Terminate or Reduce Benefits 400-32-17

(Revised 2/02 ML #2776)

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A recipient must receive a ten-day advance notice of any proposed action that will adversely affect their eligibility. "Ten-Day advance notice" means that a written notice of a planned termination or reduction of benefits must be mailed at least ten days in advance of the date on which the action will be taken. This gives the recipient an opportunity to discuss the situation with the county agency, obtain further explanation or clarification of the proposed action, or present facts to show that the planned action is incorrect.

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Appeals (ABR) 400-32-19

(Revised 2/02 ML #2776)

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1. Applicants or recipients of Aid to the Blind - Remedial Care Program who are dissatisfied with a decision made by the county agency or the North Dakota Department of Human Services may appeal to the North Dakota Department of Human Services.
2. When a recipient requests an appeal before the effective date of an adverse decision, the recipient's Aid to the Blind - Remedial Care Program eligibility may be maintained pending the final administrative resolution of the appeal.
3. When assistance has continued pending an appeal decision and the agency's decision to close the case is upheld, the case must be closed the day the decision is received by the county agency. Refer to Service Chapter 449-11 for more information with regard to Hearings and Appeals.

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Treatment of Assets and Income 400-32-21

Asset Considerations 400-32-21-01

(Revised 4/1/11 ML #3268)

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1. All assets must be considered in establishing eligibility for Medicaid as provided in the Medicaid Service Chapter 510-05-70-10.
2. Only such assets as are actually available will be considered. Assets are actually available when at the disposal of an applicant, recipient, or responsible relative; when the applicant, recipient, or responsible relative has a legal interest in a liquidated sum and has the legal ability to make the sum available for support, maintenance, or medical care; or when the applicant, recipient, or responsible relative has the lawful power to make the asset available, or to cause the asset to be made available.
3. The financial responsibility of any individual for any applicant or recipient is limited to the responsibility of spouse for spouse and parents for a child under age twenty-one, or if blind or disabled, under age eighteen. Such responsibility is imposed upon applicants or recipients as a condition of eligibility for Medicaid.

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Asset Limits 400-32-21-03

(Revised 2/02 ML #2776)

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No person may be found eligible for Medicaid unless the total value of the Medicaid unit's countable assets do not exceed:

1. Three thousand dollars for a one-person unit;
2. Six thousand dollars for a two-person unit; and
3. An additional amount of twenty-five dollars for each member of the unit in excess of two.

Eligibility may exist in a month when countable assets are within the asset limits for at least one day of the month.

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Income Considerations 400-32-21-05

(Revised 2/02 ML #2776)

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1. All income must be considered in establishing eligibility and in determining a recipient's liability for the medical costs.
2. Only such income as is actually available will be considered. Income is actually available when it is at the disposal of an applicant, recipient, or responsible relative; when the applicant, recipient, or responsible relative has a legal interest in a liquidated sum and has the legal ability to make the sum available for support, maintenance, or medical care; or when the applicant, recipient, or responsible relative has the lawful power to make the income available or to cause the income to be made available.
3. The financial responsibility of any individual for any applicant or recipient will be limited to the responsibility of spouse for spouse and parents for a child under age twenty-one or, if blind or disabled, under age eighteen. Such responsibility is imposed upon applicants or recipients as a condition of eligibility for Medicaid. Except as otherwise provided in this section, the income of the spouse and of the parents of a child under age twenty-one or, if blind or disabled, under age eighteen are deemed available to the applicant or recipient, even if that income is not actually contributed. Biological and adoptive parents, but not stepparents, are treated as parents.

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Unearned Income 400-32-21-07

(Revised 2/02 ML #2776)

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1. Gross income includes unearned income, which is received in a fixed amount each month and unearned income received in a lump sum.
2. Recurring unearned lump sum payments are prorated over the number of months the payment is intended to cover.
3. All nonrecurring unearned lump sum payments, except veterans administration aid and attendance and veterans administration reimbursements for unusual medical expenses, must be considered as income in the month received and assets thereafter.

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Earned Income 400-32-21-09

(Revised 4/1/11 ML #3268)

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Net earned income is determined by adding monthly net income from self-employment to other monthly-earned income and subtracting the applicable deductions, see Medicaid Service Chapter 510-05-85-20.

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Medical Information 400-32-21-11

(Revised 2/02 ML #2788)

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Medical Information should be obtained from the physician for an applicant/recipient, which will then be submitted, to the State Review Team for the evaluation of disability/incapacity.

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Forms Appendix 400-32-23

Approval or Denial Letter for Aid to the Blind - Remedial Care Program (Sample) 400-32-23-01

(Revised 4/1/04 ML #2920)

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This form is used by the state office to notify the county social service office of the determination of eligibility for the Aid to the Blind - Remedial Care Program. The county social service board office is responsible for notification to the applicant/recipient of the decision.

SAMPLE

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES

Bismarck, North Dakota

December 22, 2001

Director

_____ County Social Service Board

Name _____

_____, North Dakota

Case No. _____

On the basis of medical documentation and social information (SFN 451), this application for Aid to the Blind - Remedial Care is (Approved or Denied).

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Submitted reports indicate that (applicant) age _____, meets the criteria for the Aid to the Blind - Remedial Care Program. The Aid to the Blind - Remedial Care is approved for the _____ eye only. A new medical report from the ophthalmologist will be required before approval for the _____ eye will be granted.

Please request the necessary authorizations from Public Assistance, ND Department of Human Services, Third Floor Judicial Wing, 600 East Boulevard Avenue, Bismarck, ND 58505-0250. Medical coverage is limited to the emergency eye condition and necessary preoperative care, such as x-rays and laboratory services. When authorizations are requested, please indicate if there is any recipient liability.

NOTE: MEDICAL ELIGIBILITY BEGINS

Enclosed please find a copy of the eligibility report approved by the State Review Team.

Sincerely,

Administrator of Public Assistance

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SFN 451, "Eligibility Report on Disability/Incapacity" 400-32-23-03 (Revised 2/02 ML #2788)

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This form may be used by the county social service board to submit social information to the State office for the evaluation of the Aid to the Blind - Remedial Care Program.

This form is available through the Department of Human Services and may also be obtained electronically via E-Forms. (180kb pdf)

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**SFN 473, "Change of Status and Notice of Decision"
400-32-23-05**

REPEALED

(Repealed 5/1/2012 ML #3333)

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SFN 687, "Medicaid Budget Worksheet" 400-32-23-07

(Revised 2/02 ML #2788)

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This form is used to determine an applicant's/recipient's responsibility of services received under the Aid to the Blind - Remedial Care Program. The computation of income (earned and/or unearned) minus allocable deductions determines the recipient liability for participants in this program. A copy of the worksheet is sent to the administration of the Aid to the Blind - Remedial Care Program.

This form is available through the Department of Human Services and may also be obtained electronically via E-Forms. (158kb pdf)

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SFN 411, "Denial Notice" 400-32-23-09

(Revised 5/1/12 ML #3333)

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This form is available through the Department of Human Services and may also be obtained electronically via [E-Forms](#).

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SFN 412, "Approval Notice" 400-32-23-11

(Revised 4/1/04 ML #2920)

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This form is available through the Department of Human Services and may also be obtained electronically via E-Forms. (88kb pdf)

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SFN 1921, "Aid to Blind/Remedial (Denial Notice)" 400-32-23-13

(Revised 5/1/12 ML #3333)

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This notice has been created for county staff to utilize for non-medical denial situations when the State Review Team has not been involved in the reason for the denial. Examples of when this form would be used, but are not limited to these reasons, are:

1. Failure to provide requested information
2. Does not pass asset or income guidelines

The applicant does have an opportunity for a fair hearing. The Right to Hearing notice is included as part of the Denial Notice.

This form is available through the Department of Human Services and may also be obtained electronically via [E-Forms](#).